

# HIV Incidence Surveillance Information

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This short form can be attached to the HIV/AIDS Case Report Form used for routine HIV reporting. You may enter patient-reported answers to past testing behaviors and the dates of these tests as reported by the patient using this form. If the patient received medication to treat or prevent HIV or Hepatitis B, please enter medication names and start/end dates, as applicable. Answers to these questions will help the California Department of Public Health, Office of AIDS (OA) with HIV Incidence Surveillance (HIS).

Date question answered by patient ____/____/____	Antiretroviral & Prophylaxis Treatment History
Date of <u>first Positive</u> HIV Test reported by patient (mo/dd/yr) ____/____/____	Used ARV (e.g., to prevent/treat HIV or HepB) in the last six months? <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of <u>last negative</u> HIV test reported by patient (mo/dd/yr) ____/____/____  <input type="checkbox"/> Check if never had a negative HIV test	First date of ARV use: (mo/dd/yr) ____/____/____  Last date of ARV use: (mo/dd/yr) ____/____/____  If yes, list medications: _____ _____ _____ _____
Prior Tests (2 years before 1 <sup>st</sup> positive)  Number of HIV tests in 2 years before first positive:  1 (first positive) + ____ (# prior negative tests) = ____ Total	